

Message

From: COLLINS Jay [Jay.COLLINS@state.or.us]
Sent: 10/15/2018 8:54:15 PM
To: Ex. 6 PP / Ex. 7(C)
CC: 'COLLINS Jay' [Jay.COLLINS@state.or.us]
Subject: 2017 annual HW generator report

PS

RCRA Site ID: ORQ000030450

SoloPower Systems Inc
6308 N. MARINE DRIVE
PORTLAND, OR 97203

The Site ID Form has been submitted to DEQ. Therefore, changes to this record cannot be saved. If a modification is needed to a Site ID Form that is included as part of your annual report submission, please submit an amendment request. Otherwise, you will need to contact DEQ to modify your revised or withdrawn Site ID Form.

Site ID Form

Administration

Acknowledgement Letter Sent Date (mm/dd/yyyy)

1. Reason for Submittal ?

To provide **New** Notification of Regulated Waste Activity (**must submit paper form**) .

Initial notification (**\$200 non-refundable fee required**).

Reactivation of RCRA Site ID Number (**no fee required**).

Change in business ownership (**represent the new owner, no fee required**).

To provide **Revised** Site Identification Information

To **Withdraw** Site Identification Number.

Completion of RCRA waste activity.

Change in business ownership (**represent the old owner**).

DEQ-Withdraw of Site Identification Number.

Clear Selection.

Effective Date (mm/dd/yyyy)

To provide as a component of the **Annual Hazardous Waste Report** (skip sections 11, 12, and 13)

Reporting Year: If ownership changed: Filing for entire year Filing for partial year

2. RCRA Site ID Number: ORQ000030450 ?

3. Site Location Information ?

Company Name *

Site Location 6308 N. MARINE DRIVE *

PORTLAND OR 97203
MULTNOMAH

Corp. Div. Registry Nbr.

NAICS Code *

Number of Employees

4. Site Contact ?

Person Name	*
Mailing Address	*
City	*
State	*
Zip	* 12345-6789
Country	*
Phone Number (Ext)	* (123)123-4567, ext 1234
Email Address	

5. Land Owner ?

Organization Name	*(or provide Person Name below)
Person Name	
Mailing Address	*
City	*
State	*
Zip	* 12345-6789
Country	*
Phone Number (Ext)	* (123)123-4567, ext 1234
Owner Type	PrivateFederalStateCounty DistrictMunicipalTribalOther *

6. Legal Owner ?

Organization Name	*(or provide Person Name below)
Person Name	
Mail Address	*
City	*
State	*
Zip	* 12345-6789
Country	*
Phone Number (Ext)	* (123)123-4567, ext 1234
Owner Since	(mm/dd/yyyy)
Owner Type	PrivateFederalStateCounty DistrictMunicipalTribalOther *

7. Site Operator ?

Organization Name	*(or provide Person Name below)
Person Name	
Mail Address	*
City	*
State	*
Zip	* 12345-6789
Country	*
Phone Number (Ext)	* (123)123-4567, ext 1234
Operator Since	(mm/dd/yyyy)
Operator Type	PrivateFederalStateCounty DistrictMunicipalTribalOther *

8. Forms Contact ?

Person Name	*
Organization Name	
Title	
Mailing Address	*
City	*
State	*

Zip * 12345-6789
Country *
Phone Number (Ext) * (123)123-4567, ext 1234
Email Address

9. Fee Contact ?

Person Name *
Organization Name
Title
Mail Address *
City *
State *
Zip * 12345-6789
Country *
Phone Number (Ext) * (123)123-4567, ext 1234
Email Address

10. Type of Regulated Waste Activity

1. Generator of Hazardous Waste ?

- a. LQG: Large Quantity Generator (Generates greater than 2,200 lbs/mo or more than 2.2 lbs of acute hazardous waste).
- b. SQG: Small Quantity Generator (Generates between 220-2,200 lbs/mo or more than 2,200 lbs accumulated on-site).
- c. CEG: Conditionally Exempt Generator (Generates between 0-220 lbs/mo, less than 2.2 lbs of acute hazardous waste and less than 2,200 lbs accumulated on-site).

2. Are you a hazardous waste generator due to remediation of environmental contamination or a business closure? ?

Yes
No

If yes, find out about expedited annual reporting at:

<http://www.deq.state.or.us/lq/pubs/factsheets/hw/HWFeesForCleanups.pdf>

3. Importer of Hazardous Waste ?

4. Generator of Mixed Radioactive Waste ?

5. Transporter of Hazardous Waste ?

- a. Transports hazardous waste generated at this facility.
- b. Transports for commercial purposes.
- c. Hazardous Waste Transfer Facility.

6. Treatment, Storage, Disposal (TSD) Facility. ?

(Note: A RCRA Permit is required for this activity)

7. Recycler of Hazardous Waste ?

- a. Recycles HW generated at this facility.
- b. Recycles HW generated by other facilities.

8. Hazardous waste management in RCRA permit exempt units (e.g., elementary neutralization units, waste water treatment units, or accumulation tanks or containers). ?

- a. Manages HW generated at this facility.
- b. Manages HW generated by other facilities.

9. Exempt Boiler and/or Industrial Furnace ?

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, Refining Furnace Exemption

10. Underground Injection Control ?

Yes
No

If yes, there may be additional reporting requirements at:

<http://www.deq.state.or.us/wq/uic/uic.htm>

11. Description of Hazardous Waste (Not required if part of an annual report)

1. Waste Codes for Federally Regulated Hazardous Wastes: Identify those codes that best describe your waste.(e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc) Enter the code only, separated by commas. ?

2. Waste Codes for State Regulated Hazardous Wastes: Identify those codes that best describe your waste. (e.g., ORX001, ORX007, ORP003, ORU001, etc) Enter the code only, separated by commas. ?

12. Universal Waste Activities (Mark the appropriate boxes for activities that apply to your site)

1. Large Quantity Handler of Universal Waste ?

(Accumulates a total of 11,000 lbs. or more of universal waste at any time, at the location at which it was generated).

2. Off-site Universal Waste Collection Site ?

(Accumulates a total of 2,200 lbs. or more of universal waste received from off-site). If yes, there are additional notification requirements at :

4. Destination Facility for Universal Waste ?

(A facility that treats, dispose of, or recycles universal wastes on-site)

5. (Mark all boxes that apply; skip if you did not check items 1 through 4 in this section.) ?

Generate Accumulate

<http://www.deq.state.or.us/lq/pubs/forms/lw/wnnotification.pdf>

3. Pesticide Collection Program ?

(Collects and accumulates waste pesticides from off-site). If yes, there are additional notification requirements at:

<http://www.deq.state.or.us/lq/pubs/forms/lw/wnnotification.pdf>

- a. Batteries
- b. Mercury containing equipment
- c. Lamps
- d. Pesticides

13. Used Oil Activities (Mark the appropriate boxes for activities that apply to your site)

1. Used Oil Collection Center ?

2. Used Oil Transporter ?

3. Used Oil Transfer Facility ?

4. Used Oil Processor/Re-refiner ?

Indicate type(s) of activity(s)

- a. Processor.
- b. Re-refiner.

5. Off-Specification Used Oil Burner ?

(not used oil space heaters operating according to CFR 279.23).

6. Used Oil Fuel Marketer ?

Indicate type(s) of activity(s)

- a. Marketer who directs shipments of off-specification used oil to off-specification used oil burner.
- b. Marketer who first claims the used oil to meet the specifications.

14. Comments ?

DEQ Comments

Jay Collins
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Oregon DEQ Northwest Region
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700 NE Multnomah St., Suite #600
Portland, OR 97232

Ex. 6 PP / Ex. 7(C)